

# Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 3/24/07

Address: 125 S. 4TH STR

Case #: 96-02203

CARMELTON, IN

County: Perry

47520  
(GOLDEN YRS APTS)

## Type of Laboratory Seizure (check one)

- ☐ Operational Lab  
☒ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

## Seizure Location (check all that apply)

- ☐ Residence  
☐ Outbuilding  
☐ Vehicle  
☐ Hotel/Motel  
☐ Open - No Structure  
☒ Other: DUMPSTER

## Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): \_\_\_\_\_  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☐ Flammable Solvents: \_\_\_\_\_  
☐ Water Reactive Metal (Lithium): \_\_\_\_\_  
☒ Anhydrous Ammonia: APT COMPLEX OUTSIDE DUMPSTER  
☐ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
☐ Corrosive Acid: \_\_\_\_\_  
☐ Corrosive Base: \_\_\_\_\_  
☐ Other (item and location): \_\_\_\_\_

## Child under age 18 discovered (check one)

- ☐ Yes 2 (number present)  
☒ No

\*If yes, fax report to Child Protective Services

## Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☒ Other: ABA 00020

## This report is to be faxed to the following agencies that serve the location:

Fire Department: \_\_\_\_\_

Fax: \_\_\_\_\_

Health Department: u/a

Fax: \_\_\_\_\_

Child Protection Service: u/a

Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: P/Sgt. M. D. Dwyer Phone: 812-482-7315  
4408

\*\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.